02/19/2009 14:08

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 0 1 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 02 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Podiatric Medical Association Political Action Committee <sup>®</sup> D D 0 1 0 1 2009 0 1 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009 322169.33 January 1 (b) Cash on Hand at 322169.33 Begining of Reporting Period ..... 72404.00 72404.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 394573.33 394573.33 6(a) and 6(c) for Column B) ..... 8000.00 8000.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 386573.33 386573.33 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M M M D D D T Y Y W Y TO:

To:

To:

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	41650.00	41650.00
	(ii) Unitemized	29754.00	29754.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	71404.00	71404.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	1000.00	1000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72404.00	72404.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72404.00	72404.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	72404.00	72404.00

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	8000.00	8000.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
man Folitical Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	8000.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8000.00	8000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	72404.00	72404.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	72404.00	72404.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the rame and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Political Action Committee  A. Name (Last, First, Middle Initial)  Dr. Maithew G. Geroutairs  Name of Employer FCI ID number of contributing federal political committee.  C. State Zip Code Name of Employer Professional Floot Care Specification of Political Physician  Bell Name (Last, First, Middle Initial)  Dr. Resel Ffor: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Resel Ffor: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Resel Ffor: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Resel Ffor: Primary General Other (specify) ▼  International Professional Floot Care Specification Prodiatric Physician  FEC ID number of contributing federal political committee.  C. State Zip Code ClarkSwille MD 21029-1826  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: 16208206  Anount of Each Receipt this Period  Transaction ID: 16208206  Anount of Each Receipt this Period  Transaction ID: 16208206  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period  Transaction ID: 16211597  Anount of Each Receipt this Period	ITEMIZE	LE A (FEC Form 3X)  D RECEIPTS  In conied from such Benorts and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. Dr. Matthew G. Garoutalis  Mailing Address 1933 Hansom Ct.  City State Zip Code Naperville IL 60565-2629  FEC ID number of contributing federal political committee.  Professional Foot Care Specialists Receipt For: Primary General Other (specify) ▼ 1000.00  B. Date of Receipt the Period  FEC ID number of contributing federal political committee.  Professional Foot Care Specialists Receipt For: Professional Foot Care Specialists Receipt For: Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00  Date of Receipt Tor.  Primary General Other (specify) ▼ 1000.00	or for commer	cial purposes, other than using the COMMITTEE (In Full)	name and add	dress of any political committee to	o solicit contributions from such committee.
FEC ID number of contributing federal political committee.  Name of Employer Professional Foot Care Specialists. Receipt For:   Primary   General Office   Gen	Dr. Matthew Mailing Add City	dress 1933 Hansom Ct.		•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Ross E Taubman Mailing Address 6100 Day Long Lane Suite 102 City State Zip Code Clarksville MD 21029-1626  FEC ID number of contributing federal political committee.  Name of Employer Columbia Foot & Ankle Associa. Receipt For: Primary General Other (specify) ▼  State Zip Code Amount of Each Receipt this Period  Columbia Foot & Ankle Associa. Receipt For: Primary General Other (specify) ▼  State Zip Code Other (specify) ▼  State Zip Code Other (specify) ▼  Transaction ID: 16208206  Amount of Each Receipt this Period  Date of Receipt  1000.00  Date of Receipt  1000.00  Transaction ID: 16211597  Amount of Each Receipt this Period  Columbia Foot & Ankle Associa. Receipt For: Primary General Other (specify) ▼  State Zip Code Other State Zip Code Othe	FEC ID nu	mber of contributing		60565-2629	
B. Dr. Ross E. Taubman  Mailing Address 6100 Day Long Lane Suite 102  City State Zip Code Clarksville MD 21029-1626  FEC ID number of contributing federal political committee.  Name of Employer Columbia Foot & Ankle Association Other (specify) ▼ Coupation Mailing Address 6627 Apollo Rd.  City State Zip Code Primary General Other (specify) ▼ 1000.00  Date of Receipt  M M M O D D O O O O  Transaction ID: 16208206  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼ 1000.00  Date of Receipt  M M M O D O O O O O O  Transaction ID: 16208206  Amount of Each Receipt this Period  Date of Receipt  M M M O O O O O O O O O O O O O O O O	ecialists Receipt Fo Prima	r: ary General	Podiatric	e Physician e Year-to-Date ▼	
Clarksville MD 21029-1626  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Columbia Foot & Ankle Assoc. Co. Receipt For: Primary General Other (specify) ▼  Pagregate Year-to-Date ▼  City State Zip Code OR 97068-2807  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code OR 97068-2807  FEC ID number of contributing federal political committee.  Name of Employer Family Foot Cliric  Primary General Other (specify) ▼  Amount of Each Receipt this Period  Date of Receipt  M M M / D D O O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Dr. Ross E.  Mailing Add	Taubman  dress 6100 Day Long Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Columbia Foot & Ankle Association  Receipt For:    Primary	<u>Clarksvill</u> FEC ID nu	mber of contributing	MD	•	Amount of Each Receipt this Period
Dr. Gerald D. Peterson  Mailing Address 6627 Apollo Rd.  City State Zip Code West Linn OR 97068-2807  FEC ID number of contributing federal political committee.  Name of Employer Family Foot Clinic  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D D / 2 0 0 9  Transaction ID: 16211597  Amount of Each Receipt this Period  1000.00	Columbia F oc. Receipt Fo Prima	r: General	Podiatric	Physician  e Year-to-Date ▼	
West Linn  OR 97068-2807  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Family Foot Clinic  Receipt For: Primary General Other (specify) ▼  Amount of Each Receipt this Period  1000.00	Dr. Gerald I	D. Peterson			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Family Foot Clinic  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	•	n		·	
Family Foot Clińic  Podiatric Physician  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	FEC ID nu	mber of contributing		97008-2007	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	Name of En	mployer ot Clinic			
3000.00	Prima	ary General		e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL	of Receipts This Page (optional)			3000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal Statements may not be sold or used by any personal statements and address of any political committee to	
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jonathan J. Lubitz		Date of Receipt
Mailing Address 4358 Midmost Dr.		01 05 2009
City Mobile	State Zip Code AL 36609-5510	Transaction ID: 16212563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Haughey		Date of Receipt
Mailing Address 637 E. Matthews	01 12 2009	
City	State Zip Code	Transaction ID: 16265067
Jonesboro FEC ID number of contributing federal political committee.	AR 72401-3145	Amount of Each Receipt this Period  375.00
Name of Employer The Podiatry Group	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen		Date of Receipt
Mailing Address 6917 Dawson Ln.		0 1 1 3 2 0 0 9
City	State Zip Code MN 55435-1601	Transaction ID: 16266568
Edina  FEC ID number of contributing federal political committee.	MN 55435-1601	Amount of Each Receipt this Period 500.00
Name of Employer Fairview Health Services	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1375.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)    X
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) ican Podiatric Medical Associatio	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Mic	ame (Last, First, Middle Initial) shael J. Wessels g Address 2245 River View Dr.			Date of Receipt  0 1 1 3 2 0 0 9
City Rock	Falls	State IL	Zip Code 61071	Transaction ID: 16266576  Amount of Each Receipt this Period
FEC II	number of contributing political committee.	С		500.00
Ankle Receip	of Employer fledical Group/Foot & Center ot For: Primary General Other (specify)		n Physician e Year-to-Date ▼ 500.00	
Dr. Arn	ame (Last, First, Middle Initial) old S. Beresh 9 Address 417 Chadwick Pl.	l		Date of Receipt  0 1
City		State	Zip Code	Transaction ID: 16267219
FEC II	ort News  O number of contributing  political committee.	C	23606-3169	Amount of Each Receipt this Period  250.00
Penins <u>ecialis</u> Receip			Physician e Year-to-Date ▼	
	Other (specify) ▼		250.00	
Dr. R. 0	ame (Last, First, Middle Initial) Craig Martin  Address 6250 Clearview Rd.			Date of Receipt
City	0200 01001110111101	State	Zip Code	0 1 1 5 2 0 0 9 Transaction ID: 16268538
<u>Dove</u>	r	PA	17315-3206	Amount of Each Receipt this Period
	O number of contributing political committee.	C		250.00
Name Martin	of Employer Foot & Ankle Center	Occupatio Podiatric	n : Physician	
	ot For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 250.00	
SUBTOT	AL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page  and Statements may not be sold or used by any person the name and address of any political committee to	FOR LINE NUMBER: PAGE 9 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 11  In for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ		Solicit Contindutions from Such Committee.		
Full Name (Last, First, Middle Initial) Dr. Curtis W. Long Mailing Address 1047 Brevor Pl.		Date of Receipt		
City	State Zip Code	0 1 1 5 2 0 0 9  Transaction ID: 16268542		
Walla Walla	WA 99362-9381	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer self	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Ruth Ann Cooper				
Mailing Address 4415 Aicholtz Rd. a	01 15 2009			
City Cincinnati	State Zip Code OH 45245-5135	Transaction ID: 16268543		
FEC ID number of contributing federal political committee.	OH 45245-5135	Amount of Each Receipt this Period  1500.00		
Name of Employer self	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) Dr. Michael A. Figura		Date of Receipt		
Mailing Address 5 Deerfield Ridge F	Rd.	0 1 1 6 2 0 0 9		
City Chesterfield	State Zip Code MO 63005-6201	Transaction ID: 16268588  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer County Podiatrists, Inc.	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (options	al)	2000.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one)    X
A oi	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	ion Political A	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. John E. Codwell, III			Date of Receipt
	Mailing Address 2503 Griggs Ct.			01 16 2009
	City Pearland	State TX	Zip Code 77584	Transaction ID: 16268589  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17007	250.00
	Name of Employer Codwell Family Foot Cente- r, P.A.	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Robert R. Bier	-		Date of Receipt
	Mailing Address 16 Monica Dr.			01 16 2009
	City	State	Zip Code	Transaction ID: 16268593
	Edison  FEC ID number of contributing federal political committee.	C	08820-3224	Amount of Each Receipt this Period  250.00
	Name of Employer self	Occupation Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Terry L. Spilken			Date of Receipt
	Mailing Address 29 Vista Dr.			01 16 2009
	City	State	Zip Code	Transaction ID: 16268594
	Morganville FEC ID number of contributing federal political committee.	C	07751-1632	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
\[	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary		Date of Receipt
Mailing Address 310 Raven Rd.		01 16 2009
City	State Zip Code	Transaction ID: 16268599
Greenville	SC 29615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Piedmont Podiatry	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Glenn B. Truskin	Date of Receipt	
Mailing Address 612 Bustleton Pk.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 16268604
Richboro	PA 18954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Dr. Glenn B. Truskin & As- sociates	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach		Date of Receipt
Mailing Address 126 Burr Hall Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middlebury	State Zip Code CT 06762-1722	Transaction ID: 16268605  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Waterbury Podiatry Consul- tants	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	1050.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (check only one)    X
or for comr	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Podiatric Medical Association	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nar	ne (Last, First, Middle Initial) ew C. Schink			Date of Receipt
	Address 1715 Cameo			01 16 2009
City Eugen	0	State OR	Zip Code 97405-5897	Transaction ID: 16272366
FEC ID	number of contributing political committee.	C	97405-3897	Amount of Each Receipt this Period 500.00
Name o	f Employer	Occupation	n Physician	
	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 500.00	
Dr. John	ne (Last, First, Middle Initial) E. Morehead Address 6666 S. 76th E. Ave.			Date of Receipt
	7. Mai. 355 0000 G. 70(11 E. 7.VC.	01 16 2009		
City Tulsa		State OK	Zip Code 74133-1835	Transaction ID: 16272369
FEC ID	number of contributing political committee.	C	74133-1633	Amount of Each Receipt this Period 500.00
Name o	f Employer	Occupation Podiatric	n Physician	
	For: rimary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	ne (Last, First, Middle Initial) ert E. Sherman	<u> </u>		Date of Receipt
Mailing	Address 4640 Main St.			01 20 7 4 9 9
City		State	Zip Code	Transaction ID: 16272378
	number of contributing colitical committee.	CT	06614-3634	Amount of Each Receipt this Period 250.00
<u>ates</u>	f Employer d Podiatry Associ-	Occupation Podiatric	n Physician	
Receipt Pr	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTA	<b>AL</b> of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 42 (check only one)    X	
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may name and add	not be sold or used by any persol lress of any political committee to		
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associatio	on Political A	ction Committee		
Full Name (Last, First, Middle Initial) Dr. Scott M. Soulier			Date of Receipt	
Mailing Address 10281 S. 1000 W.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: 16272380	
South Jordan	UT	84095-8826	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self	Occupation Podiatric	n Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Leslie G. Levy			Date of Receipt	
Mailing Address 23501 Cinema Dr. #20	0 1 2 0 2 0 0 9			
City	ity State Zip Code			
Valencia	CA	91355-5430	Transaction ID: 16272387  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer self	Occupation Podiatric	n Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]	
Full Name (Last, First, Middle Initial) Dr. Ira H. Kraus	1		Date of Receipt	
Mailing Address 20 Dogwood Trl.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 16272389	
Ringgold	GA	30736	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer Advanced Foot Care	Occupation Podiatric	n Physician		
Receipt For:  Primary General  Other (specify) ▼	, '	Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)	1		1500.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 42 (check only one)    X		
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Dr. Craig J. McLaws Mailing Address The Foot Care Cent 132 N. Gould St. City Sheridan	er State WY	Zip Code 82801-3055	Date of Receipt    M M		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer The Foot Care Center  Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Physician Year-to-Date  250.00			
Full Name (Last, First, Middle Initial) Dr. Angela P. Dominique Mailing Address 6244 Dorsett Wood					
City	State	Zip Code	0 1 2 0 2 0 0 9  Transaction ID: 16272400		
Mount Olive	AL	35117	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Fultondale Foot Clinic		Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
Full Name (Last, First, Middle Initial) Dr. Rosario J. LaBarbera	<b>'</b>		Date of Receipt		
Mailing Address 321 Union Brick Rd.	Mailing Address 321 Union Brick Rd.				
City	State	Zip Code	Transaction ID: 16272401		
Blairstown  FEC ID number of contributing federal political committee.	NJ C	07825-3411	Amount of Each Receipt this Period  300.00		
Name of Employer self	Occupation Podiatric	n Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional	)		1050.00		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	'	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 42 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associat	ion Political Ac	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Robert C. Brace			Date of Receipt
Mailing Address 2000 N. 8th St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16272402
Mcallen	TX	78501-2263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Foot Center of McAllen	Occupation Podiatric		
Receipt For:		Year-to-Date ▼	$\dashv$
Primary General	Aggregate		
Other (specify)	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Charles Edwards, Jr.			Date of Receipt
Mailing Address 26 Partridge Cir.			0 1 2 2 2 2 0 0 9
City	State	Zip Code	Transaction ID: 16277779
Beaufort	SC	29907-1234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Podiatry Associates	Occupation Podiatric I		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas T. Gillis	1		Date of Receipt
Mailing Address Arroyo Foot & Ankle 780 S. Walnut St. #3			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16277780
Las Cruces	NM	88001-1425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Arroyo Foot & Ankle Clinic	Occupation Podiatric I		
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associatio	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Hsiao-ch'un Yu			Date of Receipt
	Mailing Address Arroyo Foot & Ankle Cl 780 S. Walnut St. #3	inic		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 16277781
	Las Cruces	NM	88001-1425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arroyo Foot & Ankle Clinic	Occupation Podiatric	n : Physician	7
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. S. F. Charley Hartley			Date of Receipt
	Mailing Address 2201 Juanita Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Z 2 0 0 9
	City	State	Zip Code	Transaction ID: 16277787
	Deer Park	TX	77536-4214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ ).	Full Name (Last, First, Middle Initial) Dr. Robert J. Lenfestey, Sr.			Date of Receipt
	Mailing Address 113 Birklands Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16277789
	Cary	NC	27511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Piedmont Foot & Ankle Cli- nic	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1250.00
F	CODITION TO THE CONTROL THIS FAYE (Uplibilat)			

FEC ID number of contributing federal political committee.  Name of Employer N. End Foot Center  Receipt For:	m 3X) Use s for ea Detail	_	R LINE NUMBER: PAGE 17 / 42  ck only one)  11a 11b 11c 12  13 14 15 16 11
Date of Receipt	n using the name and address of a	son for th	ne purpose of soliciting contributions contributions from such committee.
Boston MA 02113-2106  FEC ID number of contributing federal political committee.  Name of Employer N. End Foot Center  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  Paranaction ID: 16277  Amount of Each Receipt  Amount of Each Receipt  Amount of Each Receipt  Podiatric Physician  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Recei	Center		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer N. End Foot Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Bradley Don Beasley Mailing Address 1705 W. Montpelier St.  City State Zip Code OK 74012-8597  FEC ID number of contributing federal political committee.  Name of Employer Metro Tulsa Foot & Ankle Specialists Receipt For: Primary General Other (specify) ▼  C  Cupation Podiatric Physician Aggregate Year-to-Date ▼  Podiatric Physician Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Podiatric Physician  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  Date of Receipt  Date o	·		
Receipt For:			Amount of Each Receipt this Period 250.00
Date of Receipt  Mailing Address 1705 W. Montpelier St.  City State Zip Code Broken Arrow OK 74012-8597  FEC ID number of contributing federal political committee.  Name of Employer Metro Tulsa Foot & Ankle Specialists Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Steven A. Maffei  Mailing Address 1 Meadowlark Ln.  City State Zip Code Mailing Address 1 Meadowlark Ln.  City State Zip Code Franklin Park NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code Firanklin Park NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer Self Podiatric Physician Receipt For: Primary General  Aggregate Year-to-Date ▼  Amount of Each Receipt	Podiatric Physici		
City State Zip Code OK 74012-8597  FEC ID number of contributing federal political committee.  Name of Employer Metro Tulsa Foot & Ankle Specialists Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Steven A. Maffei Mailing Address 1 Meadowlark Ln.  City State Zip Code Transaction ID: 16277  Franklin Park NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code Transaction ID: 16277  Amount of Each Receipt  Transaction ID: 16277  Amount of Each Receipt  C C Transaction ID: 16277  Amount of Each Receipt  Aggregate Year-to-Date ▼  Primary General Primary General Transaction ID: 16277  Amount of Each Receipt  Aggregate Year-to-Date ▼	<u> </u>	Г	M M / D D / Y Y Y Y
Broken Arrow  OK 74012-8597  Amount of Each Receipt  FEC ID number of contributing federal political committee.  Name of Employer Metro Tulsa Foot & Ankle Specialists  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Steven A. Maffei  Mailing Address 1 Meadowlark Ln.  City State Zip Code NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Name of Employer General  Occupation Podiatric Physician  Receipt For:  Aggregate Year-to-Date ▼  C  Aggregate Year-to-Date ▼  Amount of Each Receipt  Transaction ID: 16277  Amount of Each Receipt  Amount of Each Receipt  Amount of Each Receipt  Transaction ID: 16277  Amount of Each Receipt  Aggregate Year-to-Date ▼	State Zip	_	
FEC ID number of contributing federal political committee.  Name of Employer Metro Tulsa Foot & Ankle Specialists Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. Steven A. Maffei  Mailing Address 1 Meadowlark Ln.  City State Zip Code Tranklin Park  FEC ID number of contributing federal political committee.  Name of Employer Self  Name of Employer Self  Podiatric Physician  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  C  Aggregate Year-to-Date ▼  Transaction ID: 16277  Amount of Each Receipt  Aggregate Year-to-Date ▼	OK 740		Amount of Each Receipt this Period
Metro Tulsa Foot & Ankle Specialists Receipt For:  Primary General Other (specify) ▼    Date of Receipt	C		250.00
Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General  250.00  Date of Receipt  Mailing Address 1 Meadowlark Ln.  State Zip Code Transaction ID: 16277  Franklin Park  NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer self  Primary General  Primary General	Podiatric Physici		
Dr. Steven A. Maffei  Mailing Address 1 Meadowlark Ln.  City State Zip Code Franklin Park  NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer self  Primary General  Date of Receipt  Transaction ID: 16277  Amount of Each Receipt  C  Aggregate Year-to-Date ▼	Aggregate Year-to-		
City State Zip Code Transaction ID: 16277  Franklin Park NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General  O 1 2 2  Transaction ID: 16277  Amount of Each Receipt  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	l)		Date of Receipt
City State Zip Code Franklin Park NJ 08823-1809  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General  State Zip Code NJ 08823-1809  Amount of Each Receipt  C  Aggregate Year-to-Date ▼	k Ln.		
Franklin Park  FEC ID number of contributing federal political committee.  Name of Employer self  Primary  General  Amount of Each Receipt  C  Amount of Each Receipt  C  Aggregate Year-to-Date  Aggregate Year-to-Date	State Zip		ransaction ID: 16277793
federal political committee.  Name of Employer Self  Occupation Podiatric Physician  Receipt For:  Primary General  Aggregate Year-to-Date ▼	NJ 088		Amount of Each Receipt this Period
Self Podiatric Physician  Receipt For:  Primary General Aggregate Year-to-Date ▼	C		250.00
Primary General 250.00	Podiatric Physici		
	Aggregate Year-to-		
SUBTOTAL of Receipts This Page (optional)	optional)	• [	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 42 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster  Mailing Address Baldwin Hills Foot 3756 Santa Rosalia			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Los Angeles	State CA	Zip Code 90008-3606	Transaction ID: 16277798  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Baldwin Hills Foot & Ankle Center Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Physician Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William A. Campbell Mailing Address 7446 W. Madison	St.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16277838
Forest Park	IL	60130-1544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		450.00
Name of Employer self	Occupation DPM	١	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Marlene Reid			Date of Receipt
Mailing Address 3446 N. Bosworth	Ave.		01 22 7 2009
City Chicago	State IL	Zip Code	Transaction ID: 16277856
FEC ID number of contributing federal political committee.	C	60657-1304	Amount of Each Receipt this Period
Name of Employer self	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		2450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 42 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	
American Podiatric Medical Associa  Full Name (Last, First, Middle Initial)	tion Political Action Committee	1
Dr. Alan J. Discont  Mailing Address 9068 E. Havasupai	Dr.	Date of Receipt
City	State Zip Code	0 1 2 2 2 0 0 9 Transaction ID: 16278166
Scottsdale  FEC ID number of contributing federal political committee.	AZ 85255	Amount of Each Receipt this Period 250.00
Name of Employer Family Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward Fryman		Date of Receipt
Mailing Address 34 Colgate Dr.		01 22 4 2009
City <u>Plainview</u>	State Zip Code NY 11803-1804	Transaction ID: 16278167
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer Seaford Foot Care Center	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala		Date of Receipt
Mailing Address 445 Hurffville Cross	keys Rd. #B6	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sewell	State Zip Code NJ 08080-2319	Transaction ID: 16278168  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 42 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	unot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political A	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Douglas Edward Campbell			Date of Receipt
Mailing Address 4801 Fort Hamilton P Brooklyn, NY 11219	arkway		01 22 7 2009
City	State	Zip Code	Transaction ID: 16278174
Brooklyn	NY	11219-2937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupatio Podiatric	n : Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	1.39.594.6	250.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Bronfman	•		Date of Receipt
Mailing Address AR Foot & Ankle Clini 1501 Aldersgate Rd.	С		01 23 7 9 9
City	State	Zip Code	Transaction ID: 16279414
Little Rock	AR	72205-6611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AR Foot & Ankle Clinic	Occupatio Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Haas			Date of Receipt
Mailing Address 1024 Tramway Ln. N.	W.		01 23 7 9 9
City	State	Zip Code	Transaction ID: 16279415
Albuquerque	NM	87122-1317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Albuquerque Associated Po- diatrists	Occupatio Podiatric	n : Physician	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00	]
SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42   (check only one)     X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Annik Adamson			Date of Receipt
Mailing Address 4501 Hazeltine Ct.	#G		01 23 2009
City Alexandria	State VA	Zip Code 22312	Transaction ID: 16279418
FEC ID number of contributing federal political committee.	C	22312	Amount of Each Receipt this Period  250.00
Name of Employer A. A. Podiatry	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Matthew L. Burrell			Date of Receipt
Mailing Address 133 Rapputak Dr. E	3ox 427		01 23 2009
City	State ME	Zip Code	Transaction ID: 16279421
Fryeburg  FEC ID number of contributing federal political committee.	C	04037	Amount of Each Receipt this Period  250.00
Name of Employer Lake Podiatry, PA	Occupatio	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David P. Sheldon			Date of Receipt
Mailing Address 4001 W. Royal Dr.			01 23 2009
City Traverse City	State MI	Zip Code 49684-8965	Transaction ID: 16279423
FEC ID number of contributing federal political committee.	C	49084-0900	Amount of Each Receipt this Period  250.00
Name of Employer self	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa		
Full Name (Last, First, Middle Initial) Dr. William Charles Jones		Date of Receipt
Mailing Address 10517 S. Toledo		01 23 7 9 9
City	State Zip Code	Transaction ID: 16279426
<u>Tulsa</u>	OK 74137-6228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William N. McCann		Date of Receipt
Mailing Address 18 Jonathan Ln.		01 23 2009
City	State Zip Code	Transaction ID: 16279431
Bow	NH 03304-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers		Date of Receipt
Mailing Address Central UT Foot & A 150 W. 800 N.	Ankle Clinic	01 23 7 9 9
City	State Zip Code	Transaction ID: 16280706
Provo	UT 84601-1624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>A)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42   (check only one)   X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Catherine Louise Yack			Date of Receipt
Mailing Address 7847 Horseshoe Trl			01 23 2009
City Huntsville	State AL	Zip Code 35802-3217	Transaction ID: 16280709  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03002-0217	250.00
Name of Employer self	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John V. Simons			Date of Receipt
Mailing Address 6321 Southwinds D	r.		0 1 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: 16280727
North Little Rock	AR	72118-5234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Central AR V.H.C.S.	Occupation Podiatric	n Physician	
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Takashi Pignetti	·		Date of Receipt
Mailing Address 20 Painted Sunset			01 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City The Woodlands	State TX	Zip Code	Transaction ID: 16281757
FEC ID number of contributing federal political committee.	C	77380	Amount of Each Receipt this Period  500.00
Name of Employer Advanced Foot Care	Occupation Podiatric	n Physician	
Receipt For: Primary General		Year-to-Date ▼	
Other (specify) ▼		500.00	
			1250.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 42 (check only one)    X   11a
or for commercial  NAME OF CO	opied from such Reports and S purposes, other than using the DMMITTEE (In Full) odiatric Medical Associatio	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La Dr. Dennis R. F Mailing Addres		State	Zip Code	Date of Receipt    M   M   D   D   C   Y   Y   Y   Y   Y   Y   Y   Y   Y
Boca Raton		FL State	33486-6830	Transaction ID: 16282352  Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		1000.00
Name of Empl Boca Raton P Receipt For:	loyer odiatry	. '	n Physician • Year-to-Date ▼	
Primary	General pecify) ▼	Aggregate	1000.00	
Dr. William J. E	st, First, Middle Initial) Beaton, Jr. ss 283 104th Ave. #106			Date of Receipt  0 1 2 6 2 0 0 9
City		State	Zip Code	Transaction ID: 16282353
Treasure Isl FEC ID numb federal politica	er of contributing	FL C	33706-4828	Amount of Each Receipt this Period 1000.00
Name of Empl self	loyer	Occupatio	n Physician	
Receipt For: Primary Other (s	General pecify) ▼	. '	e Year-to-Date ▼ 1000.00	
Full Name (La Dr. Bradley Ch	st, First, Middle Initial) arles Haves			Date of Receipt
Mailing Addres	ss 5840 W. Flagler St. #3			0 1 2 6 2 0 0 9
City		State	Zip Code	Transaction ID: 16282354
Miami FEC ID numb federal politica	er of contributing al committee.	FL C	33144-3399	Amount of Each Receipt this Period 500.00
Name of Empl self	loyer	Occupatio Podiatric	n Physician	
Receipt For: Primary Other (s	General pecify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of F		<u>I</u>		2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Steven M. Spinner			Date of Receipt
	Mailing Address 1031 Coralina Ln.			01 26 2009
	City	State	Zip Code	Transaction ID: 16282355
	Delray Beach	FL	33483-6792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Timothy Tillo			Date of Receipt
	Mailing Address 11808-2 San Jose Blv	⁄d.		01 26 7 2009
	City	State	Zip Code	Transaction ID: 16282356
	<u>Jacksonville</u>	FL	32223-1862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Marc B. Klein			Date of Receipt
	Mailing Address 22125 Martella Ave.			01 26 2009
	City	State	Zip Code	Transaction ID: 16282357
	Boca Raton	<u>FL</u>	33433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer The Garden Shops	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional) .			1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Linda L. Alexander  Mailing Address 2376 Foxhaven Dr. W  City Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General	State FL C Occupation Podiatric	Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephen M. Meritt  Mailing Address 2636 Forest Point Ct.  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer self	<del>, '</del>	Physician	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Joseph E. Kiefer Mailing Address 4561 Canopy Rd.  City Pensacola FEC ID number of contributing	State FL C	Year-to-Date ▼  300.00  Zip Code 32504-7801	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)   General  Other (specify)   General	Occupation Podiatric	n Physician Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	1		900.00

CHEDULE A (FEC Form 3X)  Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 27 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may need to be name and address	not be sold or used by any persess of any political committee to	
American Podiatric Medical Associa	tion Political Act	ion Committee	
Full Name (Last, First, Middle Initial) Dr. Martin E. Karns			Date of Receipt
Mailing Address 6496 San Michel Wa	ay		01 26 2009
City Delray Beach	State FL	Zip Code 33484	Transaction ID: 16282362  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric P	hysician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Scarlett Ann Kinley Mailing Address - 025 22rd Ave. N			Date of Receipt
Mailing Address 935 23rd Ave. N.			01 26 2009
City Saint Petersburg	State FL	Zip Code 33704	Transaction ID: 16282363
FEC ID number of contributing federal political committee.	C	33704	Amount of Each Receipt this Period  300.00
Name of Employer Bay Area Foot & Ankle	Occupation Podiatric P	hysician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Samir S. Vakil			Date of Receipt
Mailing Address 25311 Narwhal Ln.			01 26 7 2009
City Punta Gorda	State FL	Zip Code	Transaction ID: 16282364
Punta Gorda  FEC ID number of contributing federal political committee.	C	33983	Amount of Each Receipt this Period  300.00
Name of Employer Foot & Ankle Centers of Charlotte	Occupation Podiatric P	•	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 28 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 1	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associated in the succession of the succes	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sheldon Willens Mailing Address 2150 S. Ocean Blvd.  City Delray Beach FEC ID number of contributing federal political committee.  Name of Employer Self Employed	#3A  State Zip Code FL 33483  C  Occupation Podiatric Physician	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 300.00	
Dr. Barry L. Efron  Mailing Address 2563 Spreading Oak		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 16282366
Jacksonville  FEC ID number of contributing federal political committee.	FL 32223-6535	Amount of Each Receipt this Period  300.00
Name of Employer Podiatry Associates of FL	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Lasday		Date of Receipt
Mailing Address W. Coast Podiatry C 1611 53rd Ave. W.	enter	0 1 2 6 2 0 0 9
City	State Zip Code	Transaction ID: 16282367
Bradenton	FL 34207-2868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer W. Coast Podiatry Center	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	•	900.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associat	Statements may not be sold or used by any persite name and address of any political committee it ion Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas S. Matysik Mailing Address 2246 Hwy. 44 W.  City Inverness FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General	State Zip Code FL 34453-3808  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) Dr. John E. Baker Mailing Address 6235 Alderwood St. City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Spring Hill  FEC ID number of contributing federal political committee.  Name of Employer Foot & Ankle Care Center  Receipt For:  Primary General Other (specify)	FL 34606  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Mickey E. Gordon  Mailing Address 9955 Tamiami Trl. N  City  Naples	#1 State Zip Code FL 34108-1914	Date of Receipt    M   M   D   D   C   C   C   C
FEC ID number of contributing federal political committee.  Name of Employer self	Occupation Podiatric Physician	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		800.00

A.  Full Name (Last, Dr. Stephen L. Mo Mailing Address  City Gulfport  FEC ID number of federal political color (specific	urposes, other than using the nan MITTEE (In Full) liatric Medical Association P  First, Middle Initial) oss 6240 Kipps Colony Ct. #2  of contributing ommittee.  er  General cify) ▼  First, Middle Initial)	e and address of any political committee to	Date of Receipt  Date of Receipt  Transaction ID: 16282373  Amount of Each Receipt this Period  250.00
American Pod  Full Name (Last, Dr. Stephen L. Mo  Mailing Address  City Gulfport  FEC ID number of federal political composed for the second p	First, Middle Initial)  6240 Kipps Colony Ct. #2  of contributing ommittee.  er  General  cify)   First, Middle Initial)	State Zip Code FL 33707-3979  C  Decupation Prodiction Physician Reggregate Year-to-Date	Transaction ID: 16282373  Amount of Each Receipt this Period  250.00
A. Dr. Stephen L. Mo Mailing Address  City Gulfport  FEC ID number of federal political common political com	of contributing committee.  General cify)  First, Middle Initial)	State Zip Code FL 33707-3979  C  Deccupation Product Physician Reggregate Year-to-Date	Transaction ID: 16282373  Amount of Each Receipt this Period  250.00
City Gulfport  FEC ID number of federal political control of the self  Receipt For: Primary Other (spectage)  Full Name (Last, Dr. Thomas A. Bendailing Address  City Gainesville FEC ID number of federal political control of the self  Name of Employed Gainesville Podiciates Receipt For: Primary Other (spectage)  Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	of contributing ommittee.  er  General cify)   First, Middle Initial)	State Zip Code FL 33707-3979  C  Deccupation Product Physician Reggregate Year-to-Date	Transaction ID: 16282373  Amount of Each Receipt this Period  250.00
Gulfport  FEC ID number of federal political content of Employers self  Receipt For: Primary Other (spectage)  Full Name (Last, Dr. Thomas A. Beam Mailing Address  City Gainesville  FEC ID number of federal political content of Employers Gainesville Podicional content of Employers (Saines)  Receipt For: Primary Other (spectage)  Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	ommittee. er  General cify) ▼  First, Middle Initial)	FL 33707-3979  Cocupation Podiatric Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
FEC ID number of federal political consults of Employers self.  Receipt For: Primary Other (spectage) Full Name (Last, Dr. Thomas A. Bette Mailing Address  City Gainesville FEC ID number of federal political consults of Employer Gainesville Podiaciates Receipt For: Primary Other (spectage) Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	ommittee. er  General cify) ▼  First, Middle Initial)	Cocupation rodiatric Physician roggregate Year-to-Date ▼	250.00
Full Name of Employself  Receipt For: Primary Other (specified States) Primary Primary Other (specified States) Primary Gainesville FEC ID number of federal political control of the specified States Receipt For: Primary Other (specified States) Primary Other (specified States) Full Name (Last, Dr. W. Christophe Mailing Address) City Ocala	ommittee. er  General cify) ▼  First, Middle Initial)	occupation odiatric Physician oggregate Year-to-Date	
Full Name (Last, Dr. Thomas A. Bei Mailing Address  City Gainesville  FEC ID number of federal political collections Receipt For: Primary Other (specific political collections)  Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	General cify) ▼	odiatric Physician  ggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, Dr. Thomas A. Ber Mailing Address  City Gainesville  FEC ID number of federal political collections  Name of Employ Gainesville Podia ciates Receipt For: Primary Other (specifications)  Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	General cify) ▼  First, Middle Initial)		Date of Receipt
Full Name (Last, Dr. Thomas A. Ber Mailing Address  City  Gainesville  FEC ID number of federal political colores (Sainesville Podia ciates)  Receipt For:  Primary  Other (specification)  Full Name (Last, Dr. W. Christophe Mailing Address  City  Ocala	cify) ▼ First, Middle Initial)	250.00	Date of Receipt
Dr. Thomas A. Bee Mailing Address  City Gainesville  FEC ID number of federal political contents of the second contents of the second contents of the second form of			Data of Receipt
City  Gainesville  FEC ID number of federal political content of the po	10110		Date of necelpt
Gainesville  FEC ID number of federal political content of Employs Gainesville Podia ciates  Receipt For:  Primary Other (specification of Employs Gainesville Podia ciates)  Receipt For:  Primary Other (specification of Employs Gainesville Podia ciates)  Receipt For:  Primary Other (specification of Employs Gainesville Podia ciates)  Full Name (Last, Dr. W. Christophe Mailing Address)  City Ocala	8127 S.W. 43rd Pl.		01 26 2009
REC ID number of federal political content of Employs Gainesville Podia ciates Receipt For: Primary Other (specification of Employs Gainesville Podia ciates Receipt For: Primary Other (specification of Employs Gainesville Podia ciates) Full Name (Last, Dr. W. Christophe Mailing Address City Ocala		State Zip Code	Transaction ID: 16282374
Receipt For: Primary Other (spec		FL 32608-4224	Amount of Each Receipt this Period
Gainesville Podia ciates Receipt For: Primary Other (spectrum of the content of the ciates) Full Name (Last, Dr. W. Christophe Mailing Address City Ocala		C	250.00
Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala	otry Acco	occupation odiatric Physician	
Full Name (Last, Dr. W. Christophe Mailing Address  City Ocala		Aggregate Year-to-Date ▼	_
Dr. W. Christophe Mailing Address  City  Ocala	☐ General cify) ▼	250.00	
City Ocala	First, Middle Initial)		Date of Receipt
<u>Ocala</u>	5400 S.W. 28th Ave.		01 26 7 9 9
		State Zip Code	Transaction ID: 16282375
FEC ID number of		FL 34474	Amount of Each Receipt this Period
federal political c		С	250.00
Name of Employed Self Employed	er	occupation odiatric Physician	
Receipt For:		lggregate Year-to-Date ▼	
Primary Other (spec		250.00	
SUBTOTAL of Rec	General		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 31 / 42   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Pamela J. Humpel			Date of Receipt
Mailing Address 3646 Aruba Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Punta Gorda	State FL	Zip Code 33950	Transaction ID: 16282376  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Foot & Ankle Centers	Occupatio Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard N. Berkun			Date of Receipt
Mailing Address 1645 Quail Dr.			01 26 2009
City	State FL	Zip Code	Transaction ID: 16282377
Sarasota FEC ID number of contributing federal political committee.	C	34231	Amount of Each Receipt this Period  250.00
Name of Employer Cortez Podiatry Associates	Occupatio	n : Physician	
Receipt For:  Primary  General  Other (specify) ▼	_ ' '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard H. Mann			Date of Receipt
Mailing Address 258 S.E. 6th Ave.			01 26 2009
City Delray Beach	State FL	Zip Code 33483-5259	Transaction ID: 16282378  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00400 0200	250.00
Name of Employer self	Occupatio Podiatric	n : Physician	
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	\		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Podiatric Medical Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert Frimmel		Date of Receipt
Mailing Address 7442 Paurotis Ct.	State Zip Code	01 26 2009
City Sarasota	FL 34241	Transaction ID: 16282379  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sarasota Footcare Center	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Maureen Troy Connelly		Date of Receipt
Mailing Address 22 S.E. 6th St.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 16282380
Boca Raton	FL 33432-6016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Kirk W. Davis		Date of Receipt
Mailing Address 44 Monroe Dr.		01 26 7 9 9
City	State Zip Code	Transaction ID: 16285835
Chambersburg	PA 17201-7914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 42 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Podiatric Medical Assoc	and Statements may not be sold or used by any perso g the name and address of any political committee to ciation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Michael Nassoor		Date of Receipt
Mailing Address 201 E. Lafayette S	t.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16285836
Easton	PA 18042-1675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jack A. Koch		Date of Receipt
Mailing Address 2937 Cardamon Li	n.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16285843
<u>Fullerton</u>	CA 92835-4307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Joseph Gauland		Date of Receipt
Mailing Address 3703 Bach Cir.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16298429
Greenville	NC 27858-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Eastern Carolina Foot & Ankle Speciali	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	1	1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 42 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Russell J. Barone Mailing Address 29 Glen Crest Dr. City	State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Arden FEC ID number of contributing federal political committee.	NC 28704-3025	Amount of Each Receipt this Period 325.00
Name of Employer Hendersonville Podiatry  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date  325.00	
Full Name (Last, First, Middle Initial) Dr. Evelyn M. Cloud, IV Mailing Address 8211 Mar Del Pla	ta St. E.	Date of Receipt  0 1 2 9 2 0 0 9
City  Jacksonville  FEC ID number of contributing federal political committee.	State Zip Code FL 32256-7349  C	Transaction ID: 16298487  Amount of Each Receipt this Period  500.00
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr. Stuart A. Courtney Mailing Address 3590 N. 45th Ave		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hollywood FEC ID number of contributing	State Zip Code FL 33021-2450	Transaction ID: 16298488  Amount of Each Receipt this Period  500.00
Name of Employer self	Occupation Podiatric Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1325.00

TEMIZED RECEIPTS  Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 35 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16	
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Carlos Hernandez-Ortiz  Mailing Address Urb. Quintas Del Nort 2nd Street  City Bayamon  FEC ID number of contributing federal political committee.  Name of Employer Clinica Del Pie De Rio Hondo Receipt For: Primary General	state PR C Occupation Podiatric	Zip Code 00961 n Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth  Mailing Address 12401 Willow Green City  Potomac  FEC ID number of contributing federal political committee.  Name of Employer American Podiatric Medical Association Receipt For:	State MD C Occupation Podiatric	Zip Code 20854-3044  Physician Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland Mailing Address 2990 Longbrooke Wa City Clearwater FEC ID number of contributing federal political committee.		Zip Code 34620-1719	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	_ '	n Physician Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional) .			1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations and the commercial purposes and the commercial purposes and the commercial purposes and the commercial purposes are commercial purposes.	nd Statements may not be sold or used by any pers g the name and address of any political committee t iation Political Action Committee	ion for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Stevenson  Mailing Address 7970 N. Main St.  City  Dayton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:	State Zip Code OH 45415-2328  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Richard L. Evans	250.00	Date of Receipt
Mailing Address 39755 Murrieta Ho  City  Murrieta  FEC ID number of contributing federal political committee.  Name of Employer self	State Zip Code CA 92563-9110  C  Occupation Podiatric Physician	Transaction ID: 16302920  Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Vito N. Giardina Mailing Address 7707 Wisconsin Av	Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City  Bethesda  FEC ID number of contributing federal political committee.	State Zip Code MD 20814-6555	Transaction ID: 16302921  Amount of Each Receipt this Period  250.00
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option:	al)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 42 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations and the commercial purposes of the commercial purposes	and Statements may not be sold or used by any persong the name and address of any political committee to siation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brooke A. Bisbee Mailing Address 1709 S. 42nd St.  City Rogers FEC ID number of contributing federal political committee.  Name of Employer Family Foot Health Center, P.A. Receipt For: Primary General	State Zip Code AR 72758  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 3 1 2 0 0 9  Transaction ID: 16315575  Amount of Each Receipt this Period  1000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Richard Pat Mistretta  Mailing Address 1745 Riverglen Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Suwanee  FEC ID number of contributing federal political committee.  Name of Employer Affiliated Foot & Ankle	State Zip Code GA 30024  C  Occupation Podiatric Physician	Transaction ID: 16315576  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	]
Full Name (Last, First, Middle Initial) Dr. Janet Simon Mailing Address Podiatry Associate 8300 Carmel Ave. City Albuquerque	es of NM N.E. #501 State Zip Code NM 87122-3125	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Podiatry Associates of NM	Occupation	500.00
Receipt For:  Primary General  Other (specify) ▼	Podiatric Physician  Aggregate Year-to-Date ▼  500.00	]
SUBTOTAL of Receipts This Page (option	al)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 42 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott E. Hughes Mailing Address 1060 N. Monroe St	l.		Date of Receipt
City  Monroe  FEC ID number of contributing	State MI	Zip Code 48162-3113	Transaction ID: 16315578  Amount of Each Receipt this Period
federal political committee.  Name of Employer self	Occupatio Podiatrio	n : Physician	500.00
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif, Jr.  Mailing Address 4095 Hickory Hill Li	n. S.E.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16315579
Cedar Rapids	IA	52403-3738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer self		Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Vito J. Rizzo	•		Date of Receipt
Mailing Address 24 Brentwood Rd.			01 31 2009
City	State	Zip Code	Transaction ID: 16315580
Bay Shore  FEC ID number of contributing federal political committee.	C	11706-8011	Amount of Each Receipt this Period  300.00
Name of Employer self	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional			1100.00

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

Full Name (Last, First, Middle Initial)

Mailing Address 86274 Alamihi St.

Name of Employer Self Employed

Primary

Dr. Grace D. Pascual

Receipt For:

City

Waianae

Mailing Address 49450 Hudson Dr.

General

General

HI

C

Occupation

Podiatric Physician

Aggregate Year-to-Date ▼

Dr. Jodie Noll Sengstock

City

Canton

A.

В.

PAGE 39 / 42 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Podiatric Medical Association Political Action Committee Date of Receipt 0.1 3 1 2009 Zip Code State Transaction ID: 16315581 MI 48188-1979 Amount of Each Receipt this Period 250.00 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00 Date of Receipt 0 1 31 2009 State Zip Code Transaction ID: 16315582

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	41650.00

96792-2911

250.00

Amount of Each Receipt this Period

250.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 42			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b X 11c 12  13 14 15 16 17			
			on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Podiatric Medical Ass	sociation Political A	action Committee				
Full Name (Last, First, Middle Initial) Texas Podiatric Medical Association Pol	itical Action Committee		Date of Receipt			
Mailing Address 918 Congress A Ste. 200	Ave.		01 29 2009			
City	State	Zip Code	Transaction ID: 16298490			
Austin	TX	78701	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer	Occupatio	n				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00				

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00

		Use separate schedule(s	s)	FOR L	k only one)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21	b 22 X 23 24 25 2
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politic	al com		
V	American Podiatric Medical Association F	Political Action Committe	ee		
	Full Name (Last, First, Middle Initial) Friends For Harry Reid  Mailing Address PO Box 85223				Transaction ID: 16301973 Date of Disbursement  M 1 M / D 3 D / Y 2 0 0 9 Y
	City Las Vegas	State Zip Code NV 89185			Amount of Each Disbursement this Per
	Purpose of Disbursement			011	2500.00
	Candidate Name Sen. Harry Reid			ategory/ Type	
		ement For: 2010  Other (specify)			
	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee				Transaction ID: 16301975 Date of Disbursement
	Mailing Address P.O. Box 391				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Hopkinsville	State Zip Code KY 42241			Amount of Each Disbursement this Per
	Purpose of Disbursement  Candidate Name		_	011 ategory/	1000.00
	Rep. Edward Whitfield  Office Sought: X House Disburs	sement For: 2010	'	Туре	
		Primary General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) The Hawkeye PAC				Transaction ID: 16301976 Date of Disbursement
	Mailing Address PO Box 7255				01 M A A A A A A A A A A A A A A A A A A
	City Des Moines	State Zip Code IA 50309			Amount of Each Disbursement this Per
	Purpose of Disbursement 2009 Leadership pac contribution			011	2500.00
	Candidate Name The Hawkeye PAC			ategory/ Type	
	Senate	ement For: Primary General Other (specify)	•		2009 Leadership pac contribution
	President State: District:	Other (specify)			

A.

В.

President District: 06

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by and address of any political com	any person fo nmittee to soli	or the purpose of soliciting contributions cit contributions from such committee
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Po	olitical Action Committee		
Full Name (Last, First, Middle Initial) Kurt Schrader For Congress			Transaction ID: 16301977  Date of Disbursement
Mailing Address 2525 N Baker Dr			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & G \\ O & O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Y & Z & O & O & O \end{bmatrix}^{Y} $
,	State Zip Code OR 97013		Amount of Each Disbursement this Period
Purpose of Disbursement	Г	011	1000.00
Candidate Name Mr. Kurt Schrader	I	Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: OR District: 05	· 		
Full Name (Last, First, Middle Initial) Upton For All Of Us			Transaction ID: 16301980 Date of Disbursement
Mailing Address 104 Hume Avenue			$\begin{bmatrix} 0 & 1 & M & M \\ 0 & 1 & M & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
	State Zip Code VA 22301		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Fred Upton	I	ategory/ Type	
ů A	ment For: 2010 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	8000.00

State: MI